

**PRIVATE SECTOR
VOCATIONAL TECHNICAL STATEHOLDER GROUP**

03/27/2006, Tukwila, WA

Minutes

VOCATIONAL REHABILITATION PROVIDERS

Attendees

Michael Barron, IAM Crest
Cathy Cottingham, People Systems, Inc.
Sheryl Cousineau, Sheryl's Rehab Service
Patti Kacz, Intracorp
Corey Turner, Vocational Connections
Bradley Ehrlich, Career Opportunity Group

Absent

April Poier, Grant and Associates
Fred Cutler, Cutler Counseling
Kari D'Aboy, Career Horizon
Jenipher Gaffney, Gaffney Counseling
Jill Rosenthal, Int. Assoc. Rehab Professionals
Nancy Ziegler, Broadspire

DEPARTMENT OF LABOR AND INDUSTRIES

Attendees

Rheo Aieta
Rich Wilson
Don Lane
Donna Spencer
Sigrid Alejandro
Janice Orcutt

Absent

Keith Klinger

Audience Members

Sara Spiering, Labor & Industries
Vickie Kennedy, Labor & Industries
DT North, Achieve Consulting Team
Todd Gendreau, Strategic Consulting

Welcome & Review Minutes – Rheo Aieta

The minutes from the January 23, 2006 VTSG meeting were reviewed and approved. Rheo clarified that no WAC or RCW requirements could be found for taping or recording meeting minutes and that the Department considers the minutes to be sufficient documentation of the VTSG meetings. Bradley thanked Rich and Rheo for inviting two members of the Voc Initiative Core team to the VTSG meeting.

Announcements – Rich Wilson

- The Spring 2006 vocational conference will be held at the Tumwater L&I building on June 16th. Topics will include the Voc improvement initiative update, current issues in professional vocational ethics, overview of the Claim and Account Center (CAC), overview of federal and state laws regarding employer responsibilities for return-to-work, not likely to benefit closures, and the new VOC Suspension orders. CEUs will be available.
- The Return-to-Work Services program continues to recruit for vocational services consultants, in order to fill vacancies in some of the business units. The program will soon begin the interview process to fill the Therapy Service Consultant position.
- Rich introduced Janice Orcutt. Janice is the new Performance Measurement Administrator. Rich explained that the transition process for bringing the program into RTW Services from Health Services Analysis will be complete as of the publishing of the October 2006 performance report.
- The Home Modification rules have been adopted as of April 1, 2006. The rules are WAC Chapter 296-14. Adoption of these rules places much of the information that was formerly in department policy and/or statute, into rule.

Vocational Suspension Orders – Don Lane

Process put in place to allow claim managers to close claims after they have been suspended without having to re-offer benefits once suspension order becomes final.

Process:

The claim manager sends non-cooperation letter that clearly documents worker's non-cooperation with vocational services and/or medical benefits. The letter needs to clearly state the actions the worker needs to take to be cooperative with these benefits. Worker has 30 days to respond.

Key Point:

The claim manager has to send the letter. This letter should be based on clear documentation from the vocational counselor as to how the worker failed to cooperate to include specific dates and actions VRC took to gain workers cooperation.

The vocational referral stays open during this 30 day period. If there are activities the VRC can complete such as development of job analysis based on transferable skills from work history, transferable skills analysis, etc. these should be completed.

If the worker does not respond or fails to provide good cause, the claim manager will issue suspension order; worker has 60 days to respond. If no response, suspension becomes final.

When the suspension becomes final, CM will move claim to closure.

Key points for Vocational Rehabilitation Counselors:

Obtain complete information from workers as quickly as possible to include work and education history that is in workers hand writing and or has been signed off as correct by the worker if the VRC has taken down this information.

Collect up relevant vocational documentation and address issues as required by rule for the particular referral type, before closing the referral.

Claims Account Center (CAC) Access Update – Rheo Aieta

- The target date for Voc providers to have this access is July 1st.
- The Spring 2006 conference objective is for a CAC presentation, but not CAC training. Eight thousand Injured workers, attorneys, or doctors have all “figured it out” without formal training.
- Help desk for external customers will be the Web customer support unit. The phone number is 360/902-5999.
- External providers will have access to CAC by different servers than those internal providers use to access LUCI. DSL, Dial Up, Cable and/or how many applications are open will all affect the speed of CAC access.
- CAC will have the same sorting capability as LUCI but not the page down/page up feature. Rlog will be more user friendly than in LINIIS and will only be able to print one document at a time (i.e. not all documents between 1/1/06 and 3/31/06).
- A brochure for all users will be developed to explain the application process.
- Every provider will have a provider # associated with federal tax ID #. The tax ID # is associated with the Access Manager. **The first person to apply automatically by default becomes Access manager for CAC.** Approval for all future requests will be the responsibility of the Access manager, not L&I. The Access manger will need to provide an assigned claim number so that the department can verify the provider is who he/she says she is. It is suggested that firms advise all providers to delay their CAC applications until the Access manager is determined for each firm. Different providers (and interns) can access any assigned claims associated with the federal tax IID #, so long as the providers have been given access by the provider with the federal tax ID#.
- Providers will still need Voc Link to receive referrals/close claims.
- Confidential claims still require microfiche
- Access includes all screens for claim information and claim payments, but not “Send us a secure message” feature, retro group info or employer account info.

Vocational Improvement Initiative Update – Rich Wilson

Rich gave the following PowerPoint presentation at the VTSG meeting:

Agenda

- Update on progress of Improvement workgroups
 - What We've Done So Far . . .
 - Claim Manager Education and Accountability
 - Provider Education, Accountability and Performance Measure
 - ERTW Improvements
 - Legislation and prototypes
- Outreach efforts conducted
- Next Steps

What We've Done So Far . . .

- Established cross-functional workgroups
 - Gathered areas of concern and ideas for improvement from staff and external parties
 - Based on the ideas received, created subgroups to evaluate, prioritize, and recommend changes

Workgroup: CM Education and Accountability - Ideas and Potential Solutions

- Goal: Make certain we receive the best product for our stakeholder's money by ensuring that each vocational referral decision results in an outcome that allows for further resolution of the claim
- Possible Solutions under Evaluation or Development
 - Increase CM effectiveness in making voc referrals and evaluating recommended outcomes through changes in how we train staff and how we evaluate program performance on voc issues
 - Streamlined and consistent reporting of medical ability to work; clearly reinforce both internally and externally our expectations about medically unstable voc determinations
 - Goal: Reduce delays to first AWA (EI) referral
 - Targeted action on claims after opportunities through L&I's early-return-to-work (ERTW) or COHE programs have been exhausted without returning to work
 - Provide claim managers with tools/resources to help recognize when a vocational referral is appropriate on a claim

Workgroup: Vocational Provider Accountability

- Goal: Increase provider understanding of and accountability for following vocational rules and policies

Possible Solutions under Evaluation or Development:

- Limit number of branches private VRCs can list availability in
- Place a cap on the number of open referrals a provider can have
- Display open referral numbers by VRC on LINIIS

- Require assigned VRCs and/or supervisors to physically sign off on all intern reports
- Require providers to notify L&I of intern and supervisor assignment on referrals
- Currently obtaining claim manager and provider community feedback on possible solutions and evaluating options

Workgroup: ERTW Improvement

- Goal: Identify ways to increase RTW success across the program

Possible Solutions under Evaluation or Development:

- Establish expectations and set performance goals at the service delivery level across regions; streamline reporting of performance data
- Look into costs and benefits of vocational referrals to private sector by field staff; identify process improvements - study in progress
- Clarify and standardize communications and documentation of field activities

Prototype Ideas

- Form partnerships with other resources: Community Colleges/Voc Tech Institutes; Worksource; Apprenticeship programs; etc.
- Discussions currently being held with Work Source and higher education representatives to:
 - Expose workers to information about jobs, training
 - Identify alternatives for workers who are exiting the system
 - Explore use of Work Source to prototype opportunities to provide work readiness and other services for injured workers

Outreach Efforts

- Initiative information on voc web site
- E-mail opportunity for external stakeholders to send ideas directly to L&I
- Voc List Serve is now on line

Discussions held with:

- Clover Park Technical College – voc provider open house
- Workforce Training and Coordinating Board
- Thurston County Worksource

Next Steps

- Continue to lead workgroups to refine improvement ideas, analyze solutions, and identify implementation strategies/methods
- Stakeholder improvement ideas and solutions
- Meet with business and labor representatives to discuss ideas requiring legislative change, update them on our progress
- Meet with external stakeholders representing the provider community to solicit their input and feedback
- Implement

VTSG Feedback on Vocational Initiative – All

VTSG members responded to an email from Rheo to submit ideas for discussion. During this meeting ideas were prioritized and discussed. Additional points were added to the list.

➤ Limits on retraining budgets

Discussion: Cathy Cottingham commented on the Per Diem rates for the different counties with King County being the highest and the lowest rates for rural areas. She noted that Per Diems rate are dictated by the lodging location and there are hardly any training facilities in rural areas. Bradley suggested keeping separate records of how well online schools are doing.

Additional points from committee:

- Per Diem rates for King and Snohomish counties is not adequate (Edmonds, Everett)
- Rural areas do not have training facilities
- 18 months or two 2 years would be better than 1 year
- Dept. does not always approve:
 1. Home training
 2. Leaving the locality
- More flexibility is needed for getting online training approved.
- Upholstery tools are too expensive
- Prerequisites can be too expensive
- Workers feel they can't spend their own money

➤ Re-defining medically unstable

Discussion: Sheryl commented that codes sometimes get used, and there is a conflict of medical information. Cathy asked why it takes so long to schedule an IME and Rich answered progress is continuously being made by building new processes and reducing some delays.

Additional points from committee:

- This outcome gets used because waiting for med info takes 4 – 5 months
- Why do IMEs take so long? Can't the Dept. facilitate?
- If the TSA, JA and LMS are completed, the issue is medical because voc is finished
- ADM2 (pre/post unrelated issues temporarily preclude voc) is a useable outcome, but unrelated medical is neutral in CACO
- CACO encourages ADM1 outcomes
- Other doctors don't respond timely (not just the AP)
- Get workers into pain clinics earlier

➤ Adding new referring types or different outcomes for medically unstable

Additional points from committee:

- Have a different type of referral (a "stand alone vocational readiness") to help CMs figure out when to get Voc

- Require that stand-alone referrals include a:
 - CAC review
 - Completed employer questionnaire
 - List of Voc skills + abilities
 - Meeting with the AP
 - Recommendation
- Design a new outcome code for when there is:
- No response from AP (that automatically stops time loss)
- A Pain clinic
- Doctor doesn't respond to the new form
- Still not getting the info in 90 days
- The department is not able to obtain medical info in OOS; (CA for example) does not have enough VRCs to get medical information

➤ **CMs process for identifying Physical Capacities**

Additional points from committee:

- The department should enforce using the RTW action plan with pain clinics.

➤ **Obtaining work and educations histories**

Discussion: Donna shared handouts on the increased costs for community colleges and technical schools since 1999. She is currently doing research on the average percentage increases for tuition and fees and how these costs compare with the \$4000 and 52 weeks that the department has available for injured workers. Donna plans to review different training programs to determine which are affordable, and which are prohibitive, when considering the allowable costs.

Additional points from committee:

- Doesn't always work to get info from the worker.
- Need to pay for info from ES.
- Can't get OOS transcripts unless worker says O.K.
- Get a job application from the employer while the claim is in ERTW.
- Have a work history form for the worker to sign off on at X number of days.
- Ask the employer to sign off on the job of injury.
- Employers are sometimes afraid of workers.
- Create a stand alone work history referral.
- Don't pay time loss until getting the work history.
- Hard to get info if worker is in jail or worked for an S.I employer.
- Have the worker sign off on a resume.

➤ **Limit branches & Limit caseload size**

Discussion: Rich noted that by April 24 he had received almost 80 emails regarding the Vocational Initiative. Cathy believes it is necessary to limit the caseload size for individual counselors. If good ratings are desired there needs to be a cap.

Additional points from committee:

- “C” VRCs depend on others work.
- Good idea to limit caseload size for a VRC.
- Large firms like large caseloads. Audits don’t mean much.
- Need room for interns.
- Same size caseloads neutralize CACO.
- What’s a “good” size caseload?
- Some VRCs with big caseloads do great work.
- SEM doesn’t work.
- Audits show regarding big caseloads: Some are good; some don’t have a clue.
- QA problems exist when there are a lot of VRCs on a claim.
- CMs are frustrated with finding the VRC actually working the claim.
- Too many choices on VOCC for a CM.
- VRCs need to follow our rules.
- Need to chase out the bad VRCs.
- Reports should have phone # for intern/VRC working the case.
- Send a letter to the worker, saying who the VRC, intern or case coordinator in OOS is and who is working the case.
- VA requires VRC and worker to sign at first meeting: Face to Face Certification
- What about professional disclosure forms? (Not a billable activity.)
- Caseload size needs to be flexible to include training interns.

Audience Comments

No audience comments.

The next VTSG meeting will be May 22, 2006 in Tumwater.